

NATIONAL Assessment Centre Services <small>(wef 1 Jan 2009)</small> MNA/18075894			
Date In: 11/06/2008 18:41	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/18075894/0632/1	E-mail (w/this 8hrs, AIC 2hrs)		
Veh No: GED 4067L	i-Motor Claim Form		
D.O.A: 11/06/2008 09:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD <input checked="" type="radio"/> Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SJL 2360R	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()		
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			
General Remarks:-			
() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.			
() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()			
Remarks:- (INC hotline: 6788 6616)		Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: _____			
Date/Time	Actions		
MNA/1803660		Invoice Preparation Checklist	
Claimant's Particulars:-		1) AR : Accident Reporting (\$30);	Amt (\$) (1st Bill)
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)	Amt (\$) Add Bill
Contact No:		3) TF : Towing Fee \$40/\$45	
Damaged Portion:		4) FT : Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2009)	
Cat. 1:		6) TR : Re-inspection \$75	
Cat. 2/3:		7) N1 : Idac DA + SMRT Survey \$160	
		8) NTUC Additional Services:-	
		OD*	
		*N5: Courtesy Car / Tpt Allowance \$5	
		*N6: Repair Co-ordination \$10	
		*N7: Post Repair Inspection \$25	
		*N8: DV / Collect Excess Coordination \$5	
		TP (N11) : TP (N/A INC) against INC \$20	
		9) N12: Idac Mobile \$0	
		Invoice dated	Fee Charged
		Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/06/2018 18:41
Date Of Accident	11/06/2018 09:45
Exact Location Of Accident	AYE TOWARDS PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4067L
Insured/Policyholder	
Name Of Registered Owner	HURRY GENERAL CONTRACTOR (PTE) LTD
Co Reg No	198400535W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81032395
Alternative Phone No	OFFICE-81032395

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100433120-02
Cover Note Number	

Driver

Name of Driver	SUNDARAJAN ASHOK
Passport No/FIN	G8324464G
Date Of Birth	05/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81032395
Fax Number	
Contact Number	OFFICE-81032395
Email Address	NOEMAIL

Address	55 SERANGOON NORTH AVENUE 4 #07-08
Postcode	555859
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2360R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SUNDARAJAN ASHOK
------	------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBD4067L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

HURRY GENERAL CONTRACTOR (PTE) LTD
55 SERANGOON NORTH AVE 4
#07-08 S9 SINGAPORE 555859
TEL: 6482 6388 FAX: 6482 6483

S. Achok

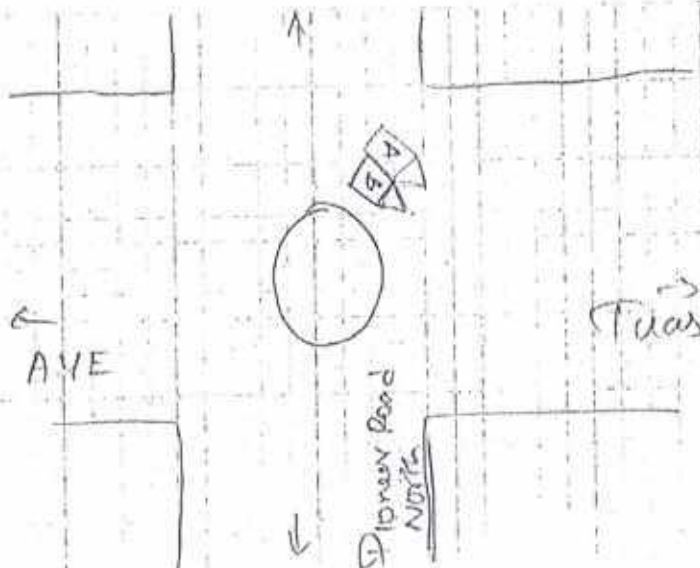
Policyholder's Signature
Date & Time:

S. Achok

Driver's Signature
(If driver is not the policyholder)
Date & Time:

4/06/2018
Reporting Centre Personnel's Signature
Name: *Rishi W...*
NRIC/FIN No.:

SKETCH PLAN



A → GBD 4667L
B → STL 2360R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/06/2018 at 9:45am. I was travelling AYE towards Pioneer road north, in the round about. Suddenly vehicle B STL 2360R hit into my front right side portion caused serious damaged.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

HURRY GENERAL CONTRACTOR (PTE) LTD
88 BERANGONG NORTH AVE 4
107-0089 SINGAPORE 555859
TEL: 6482 6388 FAX: 6482 6483

S. Ashok
Driver's Signature
(If driver is not the policyholder)
Date & Time:

4/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 11/06/2018	TIME: 09:45 hrs	(hh:mm) 24 hrs Format
LOCATION AYE towards Pioneer Road North		
VEHICLE NUMBER GBD 4067L		
INSURED NAME HURRY GENERAL CONTRACTOR PTE LTD.		
NRIC / FIN 198400535W	CONTACT: 8103 2395	
MAKE NISSAN	MODEL CABSTAR	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (✓) Third Party () Reporting Only		
INSURANCE COMPANY AIG		
TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 2100433120-02		
NAME DRIVER: SUNDARAJAN ASHOK		() SAME AS INSURED
NRIC / FIN G18324464Q	CONTACT: 8103 2395	
DATE OF BIRTH: 05/07/1988		
DRIVING PASS DATE: 23/05/2014		
OCCUPATION: () INDOOR (✓) OUTDOOR		
GENDER: (✓) MALE () FEMALE		
EMAIL ADDRESS:		(✓) NO EMAIL
ADDRESS OF DRIVER: 55 Serangoon North Ave 4 #07-08 S9 Singapore 555809		
Number Of Passenger Include Driver: #01 DRIVER ONLY.		
Was driver an employee of the Insured's Company? (✓) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? () YES (✓) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (✓) Clear () Raining () Drizzling () Others		
Road Surface: (✓) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (✓) NO		
Was Anybody Injured In The Accident? (✓) YES () NO		
If YES, Injured details: #01 DRIVER (SUNDARAJAN ASHOK). G8324464Q		
Convey By Ambulance: () YES (✓) NO		
Was There Any Video Capture By Car Camera? () YES (✓) NO		
Was There Accident Reported To The Police? () YES (✓) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B SJL 2360R		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G8324464Q**

SUNDARAJAN ASHOK

Birth Date: **05 Jul 1986**
 Issue Date: **23 May 2014**
 Valid Till: **22 May 2019**

003307683A

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer:
HURRY GENERAL CONTRACTOR (PTE) LTD

Name:
SUNDARAJAN ASHOK

Work Permit No.: **034305805** Sector: **CONSTRUCTION**

K0076269

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 23 May 2014
 Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 3500kg 23 May 2014

NP 428A

Licence No: G8324464Q

VISIT PASS
 Immigration Regulations

Name:
SUNDARAJAN ASHOK

File:
G8324464Q

Date of Birth: **05-07-1986** Sex: **M**

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Hurry General Contractor (Pte) Ltd
 Period of Insurance : 12 Oct 2017 To 11 Oct 2018
 Policy No. : Z030342183K
 Vehicle No. : JH15C2F24Z0050489

Vehicle No. : GHD4067L
 Policy No. : 210D433129-02
 Endorsement No. :
 Issued Date : 05 Oct 2017

ABOUT THE COVER

Make/Model	NISSAN NEW CABSTAR	Sum Insured	Market Value	First Year of Registration	2014
Engine Capacity/Tonnage	1.6 Tonnage	Off Peak Cat	No	Insuring with COE/PART	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

Any person who is licensed to drive the vehicle in Singapore with the appropriate driving licence and is not under the influence of alcohol or drugs at the time of driving.

*To be paid for any claim, the driver must be licensed to drive the vehicle in Singapore and must be the named driver in the policy.

Age Condition: All Age Condition

Limitation as to use*

Use of the vehicle is limited to the following purposes:

Use for the carriage of passengers within the limits of the vehicle's seating capacity.

Use for the carriage of goods within the limits of the vehicle's carrying capacity.

Use for social, domestic or pleasure purposes. This policy does not cover the use of the vehicle for any other purpose, including but not limited to, racing, speed trials, stunt driving, or any other activity that is considered to be outside the scope of the policy.

Insurance provided in accordance with the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 150:01) and the Motor Vehicle (Third Party Risks and Compensation) Regulations (Cap. 150:01(2)).

COES

Don 1 : \$0 Own Damage - \$100 Theft - \$0

Don 2 : \$0

Insured : \$100

Named Driver and Excess (where applicable)

PROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Repairs to the Vehicle must be carried out by one of the Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, you must have the vehicle repaired at the Authorized Reporting Centres (ARC) or at the Authorized Repairers. For the first 3 years of the first registration of the Vehicle in Singapore, you must have the vehicle repaired at the Authorized Reporting Centres (ARC) or at the Authorized Repairers. For the first 3 years of the first registration of the Vehicle in Singapore, you must have the vehicle repaired at the Authorized Reporting Centres (ARC) or at the Authorized Repairers.

IMPORTANT NOTES

Purchase Company/Employer's Loan: MALAYAN BANKING BERHAD

This policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 150:01) and the Motor Vehicle (Third Party Risks and Compensation) Regulations (Cap. 150:01(2)).

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Issued by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

For more information, please call 1800 100 1000 or visit our website at www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	0535W

Vehicle Details

Vehicle No.:	GBD4067L
Vehicle to be Exported:	Yes
Intended De-registration Date:	11 Jun 2018
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	Blue
Manufacturing Year:	2014
Engine No.:	ZD30342183K
Chassis No.:	JN1SC2F24Z0856489
Maximum Power Output:	-
Open Market Value:	\$25,386.00
Original Registration Date:	09 Oct 2014
First Registration Date:	09 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$1,270.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	08 Oct 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$20,811.00
COE Rebate Amount:	\$13,161.00
Total Rebate Amount:	\$13,161.00

The information contained herein is correct as at 11 Jun 2018

OK